

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039938

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 458

FILED NOV 8 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Elvins

Length of stay in 1b

c. CITY

OR  
TOWN

Elvins

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

201 Hampton St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

PURLSETTA

M.

YAMNITZ

4. DATE  
OF  
DEATH

Month

Day

Year

Oct. 28, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/23/1887

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months 4

Days 5

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Bollinger Co. Mo.

U.S. A.

## 13a. FATHER'S NAME

Henry Propst

## 13b. MOTHER'S MAIDEN NAME

Minerva Stotler

## 14. NAME OF HUSBAND OR WIFE

W. A. Yamnitz

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Address

Roy Yamnitz Desloge, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

## DUE TO (b)

Arterio Sclerotic Heart Disease

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I

Diabetes Mellitus, Hypertension

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb 14 - 62 to Aug 6 62 and last saw her alive on Aug 6 - 1962  
Death occurred at 9:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

C. H. Humphrey M.D.

## 22b. ADDRESS

Rivermines, Mo.

## 22c. DATE SIGNED

10/29/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

Burial

10/31/1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Francois Memo.

## 23d. LOCATION (City, town, or county)

St. Francois Co. Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Murphy L. Sparks Flat River, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 29, 1962

## 26. REGISTRAR'S SIGNATURE

E. H. Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marjory L. Spinks*

Licensed Embalmer No.

*4236*

P. O. Address

*Not Given, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.